E-43.1 Attachment B
Effective: 10/30/2013
Reviewed: 10/18

Alternative Physician Supervision Log

Advanced Practice Registered Nurse (APRN) or Physician Assistant (PA) Information

Name:	
License Number:	
Type of Practitioner: (select one)	☐ Advanced practice registered nurse ☐ Physician assistant

Name of Alternative Physician	Site	Date Supervision Began	Date Supervision Ended

Note: A copy must be kept onsite in the facility's credential file for two years after the prescriptive authority agreement has been terminated.